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PS Form 3877, January 2017 (Page 1 of 1) **AUSTIN TX 78711** TEXAS DEPARTMENT OF INSURANCE MC ENF M RUIZ PSN 7530-02-000-9098 2023-7858 1601 CONGRESS AVENUE, SUITE 6.900 Total Number of Pieces Listed by Sender Name and Address of Sender 9214 8901 9403 8303 1998 78 USPS Tracking/Article Number Total Number of Pieces
Received at Post Office ☐ Adult Signature Required
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 ☐ Registered Mail X Certified Mail ☐ Certified Mail Restricted Delivery CHADLEY RAY HOLLAND CARROLLTON, TEXAS 75010 1440 CARROLTON PKWY 21312 □ Priority Mail Check type of mail or service Insured Mail Collect on Delivery (COD) Addressee (Name, Street, City, State, & ZIP Code™) Postmaster, Per (Name of receiving employee) Complete in Ink □ Return Receipt for Signature Confirmation Signature Confirmation Merchandise **Priority Mail Express** Restricted Delivery Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy. Postage 1.08 Postmark with Date of Receipt. Affix Stamp Here (for additional copies of this receipt). (Extra Service) Fee 4.15 Handling Charge Handling Charge - if Registered and over \$50,000 in value Actual Value if Registered Insured Value Due Sender if COD ASR Fee Adult Signature Required ASRD Fee Adult Signature Restricted Delivery Fee Restricted Deliver Fee RR Return Receipt SC Fee Signature Confirmation SCRD Fee Signature Confirmation Restricted Delivery SH Special Handling

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